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| SERIAL NUMBER 09/124,280 | FILING DATE 07/29/98 | CLASS 424 | GROUP ART UNIT 1643 | ATTORNEY DOCKET NO. 576008 |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------|

APPLICANT

MASSIMO PORRO, SIENA, ITALY.

CONTINUING DOMESTIC DATA***
VERIFIED

VR Name

371 (NAT'L STAGE) DATA***
VERIFIED

none

FOREIGN APPLICATIONS***
VERIFIED

none

***** SMALL ENTITY *****

| | | | | | | |
|---|--|--|-------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY ITX | SHEETS DRAWING 10 | TOTAL CLAIMS 53 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged <u>mm</u> Examiner's Initials | | | Initials | | | |

ADDRESS

JAMES V COSTIGAN
HEDMAN GIBSON & COSTIGAN
1185 AVENUE OF THE AMERICAS
NEW YORK NY 10036-2601

TITLE

VACCINE FOR PREVENTION OF GRAM-NEGATIVE BACTERIAL INFECTIONS AND
ENDOTOXIN RELATED DISEASES

| | | |
|----------------------------------|---|---|
| FILING FEE RECEIVED \$758 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|----------------------------------|---|---|